FOR INSTRUCTIONS, SEE BACK OF FORM	Reset F	iomm	FORM	
DISCLOSURE SUMMARY PA	GE Reseir	OIII	DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Org	anization)		(Rev. 01/2003)	REPORT
YES for AHS		.	For Office Use Q	ان سر ply
IMPORTANT: Indicate type of committee you are reporting for:	2		Comm. #	7154
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City (8)Support Slate of Candidates	y (4)County/Local Candidate y Central Committee		IndexedAuditedCompute	
CANDIDATE COMMITTEES ONLY:				
Candidate Name	Political Party	THE	CLOBURE BO	¥0 \
Office Sought	District (if Senate or House		APR 15 20	501
Son Ochling	515-663-	2046	:n	15.03
SIGNATURE OF TREASURER (or person filing this report	TELEPHONE		DATE S	SIGNED
		-		
Late filed reports are subject	to possible civil and cr	iminal	penalties.	
SEE INSTRUCTIONS ON BACK AND COMPLETE TH	IE FOLLOWING SENTEN	CE:		
I AM FILING A Sdays prior to election (report date)	REPORT FOR AN/A (1) EL	ECTION	/(2)NON-ELEC	TION YEAR.
CHECK IF AMENDMENT TO REPORT DATED		Local Co	ommittees, enter D	ate of Election
		1 4	1 22, 200	
Check if this is final (termination) report and attach Notice (You must continue to file reports until a Notice of Di		County &	& Local Committee lection is held	es, enter County in
STATEMEN	T OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (The by the committee. This amount MUST be the same of the last reporting period, or must be zero if this is a same of the last reporting period.	his is the total of all monies he as the cash on hand at the en	d) -
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Sched	ule A) (*also see in-kind below	/)	358	9.00
Schedule F: Loans Received total (Attach Schedule	F)			0 –
Schedule H: Total Sales of Campaign Property (Atta	ach Schedule H)		_	0-
(Schedule H applies to Candidates' Com	·			
		TAL\$	368	9.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				57.00
Schedule B: Expenditures total (Attach Schedule B)		olow)	218	11.50
Schedule F: Loan Repayments total (Attach Schedule	•	•	-6	
	•			
CASH ON HAND at the end of this reporting period (if final reporting period		¢	140	1.50
Do Ecroy (villatin Div-o)		Φ		
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	700	,00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche	edule E)	\$	<u> </u>) _
**OUTSTANDING LOANS (From Schedule F - Attach Schedu	ule F)	\$)
CANDIDATE COMMITTEES ONLY:				
CONSULTANT BREAKDOWN (Schedule G Attached?)			Y	s 🔲 no
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Atta	ach Schedule H)	\$		

For Instructions, See Back	വ	O	O	O		k	ıci	ac	B	9.9	S	٩.	n	n	i	:t	ıc	11	ŀr	si	n	١.	٦r	=~	ı
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Reset Form

SCHEDULE

A MONETARY
(Rev. 06/97) RECEIPTS

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

CHECK THIS BOX IF AMENDING FORM

YES for AHS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#	Bank Utesch -		\$	
3-3-03	CK#	3336 Baykerry Circle Anes, IA 50014		250.00	
	ID#	Tom Pohlman			
3-1-03	CK#	3117 Bayborry Rd Ames IA 500H		50.00	
	ID#	John Timmons			
3.5-03	CK#	2108 Greeley Ames IA 50014		200.∞	
	ID#	Bill Burke, Jr.			
3-6-03	CK#	P.o. Box 209 Nevada, IIA 50201		50,00	
	ID#	Belinda Smith			
3-4-03	CK#	3109 Green wood Rd Amps, IA 50014		20.00	
	ID#	Kim Wass		-	
3-6-03	CK#	2150 Quail Ridge Rd Amos. IIA 50010		25,00	
	ID#	Sally Beisser		<u> </u>	
3-1-03	СК#	3126 Sycamore Rd Ames IH 50019		50.00	
	ID#	Kavon Strehlow			
3-7-03	CK#	Anos IA 50010		50.00	
	ID#	Kayleon Cookes		23.25	
3-1-03	CK#	800 Narland Ur. Ames. IA 50010		20 00	
	ID#	Kathleon Welser		<u> </u>	
3-8-03	CK#	3133 Sycamore Rd Ames, DA 50014		<i>25.0</i> 0	
			SUB-TOTAL	s 140,00	

TOTAL (if last page of this schedule)

Page ____ of ____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions.	See	Back	of For	m
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Reset Form

SCHEDULE	
A	MONETARY
(Rev. 06/97)	RECEIPTS

☐ CHECK THIS BOX IF

AMENDING FORM

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

YES for AHS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATÉ RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
3-8-03	ID# CK#	Deb Winkk black 3206 Magnolia Cwcle Anus, IA 50014		\$ 50.00	
3-8-03	ID# CK#	Many Creveting-Buck 3221 Greenwood Circle Annes IIA 50014		25.00	
3-8-03	CK#	Dianne Bystrom 3103 Sycamore Rd Awas IA 50014		25.00	
3-8-03	ID# CK#	Erbon Hunziker and Mangaret Hunziker Apole., LLC 105-5 16th St Aneos, IA 50016		303.00	
3-11-03	ID# CK#	Tanin Good hue 3028 Baykovy Rd Anes IN 50014		20.00	
3-11-03	ID# CK#	Jac Hoser 3013 Evergreen Circle Ances 174		25.00	
3-12-03	ID# CK#	Chris Hunziker 311 Oakland St. Arnes IA 50014		100.00	
3-12-03	ID# CK#	Carole Often on 1133 OKlahome Ur. Annos IIA 50014		25.00	
3-14-03	ID# CK#	Mary Ann Lundy 4316 Phoenix Ances IA 50014		<i>25.0</i> 0	
3-12-03	ID# CK#	Janie Wade 3318 Ridgetop Civele Anns IA 50014		25.00	
		TOTAL (if last page	SUB-TOTAL of this schedule)	\$ 520.00	

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Page 2 of 1 (for Schedule A)

For Instructions,	See	Back	of	Form
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Reset Form

SCHEDULE	
A	MONETARY
(Rev. 06/97)	RECEIPTS

CHECK THIS BOX IF

AMENDING FORM

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

YES for AHS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
3-13-03	ID# CK#	Gale Kravney 1922 Stevenson Amus IIA 50010		\$ 50.00	
3-13-03	ID# CK#	Marijorie Bonson 2609 Ridgetap Rd. Anus IA 58014		50.00	
3-15-03	ID# CK#	Ocborah Krefe 3120 Sycamore Rd Anus . IA 50014		56.00	
3-20-03	ID# CK#	Ralph Forvau 3439 Fletcher Annos IA 50010		25.00	
3-21-03	ID# CK#	Linda Opering. 2144 Prairie Uraw Amus IA 50010		25.00	
3-24-03	ID# CK#	Btacy Eustacy 3621 Woodland St. Annes IA 50014		400.00	
3-24-03	ID# CK#	Dels Formelly 3431 Valley Vian Rd Annes IIA 50014		400.00	
3-31-03	ID# CK#	Cavol Kenealy 1116 Garner Circle Ames = #A		25.00	
3-31-03	ID# CK#	Terry Wycoff 2137 folk Drive Ames Dr		20.00	
4-1-03	ID# CK#	Beth Wars 3020 Hemlock Circle Ames, IA		100.00	
1, -3		ا الحراد (عالما) المراد المراد المراد المراد المراد المراد المراد المراد المرد المرد المرد المرد المرد المرد ا	SUB-TOTAL	\$ 1145,00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 1

TOTAL (if last page of this schedule)

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SCHEDULE

A MONETARY
(Rev. 06/97) RECEIPTS

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

CHECK THIS BOX IF AMENDING FORM

YES LA AHS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#	Elizabeth Erbes		\$	
4-2-03	CK#	4012 Minerix St. Amos IH		50,00	
	ID#	David Maahs			
4-2-03	CK#	1007 Vorment Court		20,00	
	ID#	Kern Deardorff			
4-2-03	CK#	3300 Eisenhower Howes IA		25.00	
	ID#	Janet Croyle			
4-2-03	CK#	613 X Aug.		25.00	
	ID#	Ames, IH Tem Stark			
4-2-03	CK#	2115 Hughes Aue Ames, IA		25.00	
	ID#	Bob Hibbrug			
4-2-03	CK#	3151 State Au. Anus, IA		20,00	
	ID#	Howard Shapiro			
42.03	CK#	3242 Woodland Hae Homes, IA		25.00	
	ID#	Jul Heitzman			
4-2-03	CK#	2505 Green Hills Wr.		25.00	
	ID#	Marie Mc Cuskey			
4-3-03	CK#	2204 Fillmore House IA	240	25,00	
	ID#	Carolyn Joussen			
4-4-03	CK#	Anes IA		10,00	
		•	SUB-TOTAL	\$ 250,00	

TOTAL (if last page of this schedule)
y relative making a contribution to the

Page 4 of 1

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Fo

Reset Form

SCHEDULE

A MONETARY
(Rev. 06/97) RECEIPTS

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
YES For AHS

CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4-4-03	ID# CK#	Jann Howell 1209 Prairie View E. Amus, IA		\$ 20.00	
4-4-03	ID# CK#	Lona Nau 2005 Steverson Dr. Ames, IA		100.00	
4-4-03	ID# CK#	Phil Johnson 1406 Previectivele Annes, IIA		25.00	
4-1-03	ID#	Mary Stevermar 2601 Tyler Hur. Amos, IH.		25,00	
4-1-03	ID# CK#	Haitemized Cooki bution Elmor Aurand 120 Kellog, Apt 502 Ances, IA		5.∞	
4-3-03	ID# CK#	Monica Porter Mo7 Amhoust Dr. Angs IA		25.00	
4-3-03	CK#	Lean Kresse 4931 Homing way Dr. Hous IA		25.00	
43-03	ID# CK#	Tevesa Lavson 3921 Kidgetop Hous, IA		50.00	
4-7-03	ID# CK#	Beth Cross 3409 Oakland St. Annes, IH		100.00	
4-1-03	ID# CK#	Jane Matheson 2702 North wood Or. Annes IA		25.00	
			SUB-TOTAL	\$ 400 00	

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Page 5 of 1

TOTAL (if last page of this schedule)

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(Including candidate's personal funds)

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A MONETARY
(Rev. 06/97) RECEIPTS

CHECK THIS BOX IF
AMENDING FORM

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COMMITTEE	AME (Must be same as on Statement of Organization)
YES -	for	AHS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE*	RECEIVED	FUND-
(1411417DD/TK)	NUMBER		(if applicable)		RAISER INCOME
	ID#	George Burnet 4813 Dover Dr.			
	CK#	4813 Dover DV.		\$	
4-8-03		Anes, IA		50,00	
	ID#	Scott Bauer			
	CK#	1423 Glendale Aus.			
4-8-03	10."	Ances, IA		25.00	
	ID#	Jacquelyn Maratt 2926 Monroe Dr.			
1(0 -	CK#	2926 Monvoe Wr.			
4-8-03	ID#	Anus IA		/5.00	
	10#	David Acker			<u> </u>
4-8-03	CK#	and Gradier		_	
4-0-05	ID#	Anes, IA		50.00	
	10#	Vickie Loes			
4-10.03	CK#	3019 Evergreen Civele			
4-10:05	ID#	Ances, IA		15.au	
		Patricia Haltihan			[
4-10.03	CK#	1322 Illinois Au			
-1-10:03	ID#	Anus IA		20.00	
		Gail Johnston			
4-10-03	CK#	840 Brookridge Hou.		20.5	
1 10-09	ID#	House IA		20,00	
		Many Herrnstadt 909 Idaho Aue.			
4-10-03	CK#	Marie TV		10.00	L
	ID#	Ances IA Charles Ricketts		וטאטו	
	014#	assi Pierce Her.			[]
4-11-03	CK#	Anus, IA		15.00	
	ID#	Mark Gleason		00,64	
	CK#	501 Lyun Aue			
4-11-03	OIW	Anys, IA		20.00	
***************************************			SUB-TOTAL		
				s 240°	
		TOTAL (if last page	of this schedule)		

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Page 6 of 1 (for Schedule A)

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(Including candidate's personal funds)

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SCHEDULE	
(Rev. 06/97)	MONETARY RECEIPTS
П сне	CK THIS BOX IE

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

YES for AHS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED	(if applicable)	NAME AND ADDITESS OF CONTRIBUTOR	TO CANDIDATE*	RECEIVED	FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER INCOME
	ID#	Robert Degas			
	CK#	Robert Deppe 3923 Fletcher Blud.		\$	
4-12-03		Homes IA		25.00	
	ID#	Sandra Daldgren			
il sel -2	CK#	1322 Johnson		25	
4-14-03	ID#	Annes, IA		25.00	
		Anton Netusil			
4-14-03	CK#	1817 Roosevett Ances, IA		25.00	· L
	ID#	James Chrisinger		52.50	
	CK#	2612 Claused Dr.			
4-14-03		Ances IIA		25,00	
	ID#	Many World Ising 1914 Stevenson Wr.			<u></u>
11	CK#			20	
4-14-03	ID#	Huez, IN		2500	
		Stone Ringlee 2325 Storm			
4-14-03	CK#			a5.00	
1 11 02	ID#	Ames, IA William Villa		VD .40	
	CK#	2024 Northweston			
4-14-03		Ames IA		25.00	
	ID#	Don & Sons Body Shay, The 1003 E. Lincoln Way			
4-14-03	CK#	1003 E. Linwin'way			
ブーハーのり	ID#	Linda Wilson		&ક.જ	
		1922 Polk Dr.			
4-14-03	CK#	HALLA TIA		50.00	
	ID#	Anus IA Allison Uiblasi		۵،۰۰۰	r
	CK#				
4-14-03	01.07	Ances I4		44.00	
			SUB-TOTAL	€ 100°	

TOTAL (if last page of this schedule)

Page _____ of ____

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Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B MONETARY
(Rev. 09/97) EXPENDITURES

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE	NAME	(Must be	same	as on	Statement	of Organization

YES for AHS

	<u> </u>	# J		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4-1-03	ID# CK# 	Sigler Prinching &	Bond Issue Yard Signs	\$ 12 82 50
4-1-03		Publishing	Fond Issue Host Cards	* 1383.So
4-8-03	id# ск# Д	Sigler Printing & Publishing Sigler Arinting & Po 881 Publishing Annes, DA	Bond Issue Yard Signs Bond Issue Post Cards Bond Issue Campaign Brochine	195.00
	CK#			
	ID# CK#			

SUB-TOTAL \$21

\$ 2178.50

TOTAL (if last page of this schedule)

2178.50

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

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Page _	<u> </u>	of	

FOR INSTRUCTI	ONS, SEE BACK OF FORM		SCHEDULE	
	IAME (Must be same as on Statement of Organization)		(Rev. 08/98	INCURRED INDEBTEDNESS
\Y	ES for AHS			ECK THIS BOX
	previously reported that remain unpaid must be included on this ale, as well as any new obligations incurred in this period.	Reset Form	FO:	AMENDING RM
	LIGATIONS REMAINING THIS REPORTING PERIO CLUDE LOANS SHOW LOANS ON SCHEDULE I		goods or se received, bu end of the re	debt" is a debt for rvices ordered or t not paid for by the sporting period., if whether an invoice ceived.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS SERVICES PROVIDED O PURCHASED		ALANCE OWED AT CLOSE OF REPORTING PERIOD*
	The Tribune 317 5th	Newspaper Ad	\$	Ed.
4-13-03	Ames, IDA			550°°
	Sigler Printing + Publishing 413 Northwestorn	Ad Development		Est.
4-13-03	Anus IA			150.vo
				7-10-1
		SUB-	-TOTAL \$	
	TOTAL DEBTS OWED BY COMMITTEE AT T	HE END OF THIS REPORTING P	PERIOD \$	1∞ ∞
				1000

CANDIDATE COMMITTEES NOTE:

*If actual figure is unknown, show "estimated" beside the figure.

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

DISCLOSURE SUMMARY PAGE	3F	Reset For	m.	FORM DR-2	
COMMITTEE NAME_(Must_be_same as on Statement of Orga	***		— la	Rev. 03/2003)	DISCLOSURE REPORT
YES for AHS				or Office Use C)nlv
IMPORTANT: Indicate type of committee you are reporting for:				Comm. #	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City (8) Support Slate of Candidates	(4)County/Local Ca Central Committee	ndidate		Scanned	
CANDIDATE COMMITTEES ONLY:	•			Nudited	
Candidate Name	Political Party				HICE & CAMPAIG
Office Sought	District (if Senat	te or House)			-SUARD
Som Polibrien	SIS	112 2-		1	AY 5 2003
SIGNATURE OF TREASURER (or person filing this report)	TELEPI	<u>- 663 - 30</u> HONE	946	PATE	20 - 0 3
				-/11-	
Late filed reports are subject to SEE INSTRUCTIONS ON BACK AND COMPLETE THE AM FILING A Stays freport date)	FOLLOWING	SENTENC	<u>E:</u>		TION YEAR.
Indicate one 2	_	ſ	Local Co	nmittees, enter [Date of Election
VCHECK IF AMENDMENT TO REPORT DATED $4-15-$	03	-		22-03	July of Elocuoti
			County &	Local Committee	es, enter County in
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Diss	f Dissolution Form solution is filed.)	DR-3.		ction is held	
STATEMENT	OE CASH ON	LAND			
CASH ON HAND at the beginning of the reporting period. (This by the committee. This amount MUST be the same as of the last reporting period, or must be zero if this is fire	s the cash on han	d at the end		-(Ď ~
ADD TOTAL MONEY TAKEN IN THIS PERIOD	,		•		
Schedule A: Cash Contributions total (Attach Schedul	e A) (*also see in	-kind below)		354	15.00
Schedule F: Loans Received total (Attach Schedule F		•) ~
Schedule H: Total Sales of Campaign Property (Attack					0-
(Schedule H applies to Candidates' Comm					
		SUB-TOTA	AL \$	200	15 00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			······ •	22	f5.00
Schedule B: Expenditures total (Attach Schedule B) (*	*also see debts a	nd loans hel	ow)	218	17.50
Schedule F: Loan Repayments total (Attach Schedule			•		0 _
CASH ON HAND at the end of this reporting period (if final repo		***************************************	•••••		
be zero) (Attach DR-3)			\$	137	5.50
*UNPAID BILLS (From Schedule D - Attach Schedule D)		•••••	\$	700	0,00
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu					14.00
OUTSTANDING LOANS (From Schedule F - Attach Schedule					0 -
ANDIDATE COMMITTEES ONLY:	,		Ψ		
ONSULTANT BREAKDOWN (Schedule G Attached?)				YE	S NO
ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attack	h Schedule H)		\$	16	NO
The second of th	20		Ψ		

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

SCHEDULE

A MONETARY
(Rev. 06/97) RECEIPTS

CHECK THIS BOX IF

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

VES for AHS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#	Allison Diblasi		S	
4-14-03	CK#	Allison Diblasi Ames, IA		(44.∞)	<u> </u>
	ID#	,			
j	CK#		ļ		
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	ID#				
]	CK#				
	ID#				
	CK#				
			SUB-TOTAL	(141.)	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _ (for Schedule

FOR INSTRUCT	IONS SEE	BACK I	OF FOI	QM

COMMITTEE NAME (Must be same as on Statement of Organization)	
YES for AHS	

SCHEDULE	
E	IN KIND
(Rev. 06/97)	CONTRIBUTIONS
CHECK	K THIS BOX IF DING FORM

Reset Form

			·		
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
4-14-03	Allison Diblasi Armes, IA		Postage	\$ 44.00	
	,			ļ	
	,				
			SUB-TOTAL TOTAL (if last page of this schedule)	\$ 44.00 \$ 44.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____of ___

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE	Reset Form		FORM DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Orga YES for AHS	nization)		(Rev. 03/2003)	REPORT
			For Office Use O	<u>nly</u>
IMPORTANT: Indicate type of committee you are reporting for: 6			Logged Inob	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City (8) Support Slate of Candidates	(4)County/Local Candidate Central Committee		Scanned	
CANDIDATE COMMITTEES ONLY:	IAE	THIC	BERMAIGN	7
Candidate Name	Political Party DK	SOLO	SUREBOARD	1
Office Sought	District (if Senate or House)	MAY	6 2003	
	FILED			
Som Johnson	515-663-304		5.	5-03
SIGNATURE OF TREASURER (or person filing this report)			DATE S	
AM FILING A 5 days prior to election (report date) Indicate one 2	_ REPORT FOR AN/A (1) ELEC	CTION	/(2)NON-ELEC	TION YEAR.
	[L	ocal C	ommittees, enter D	ate of Election
CHECK IF AMENDMENT TO REPORT DATED 4-15-03	_	4-22-0	3 & Local Committee	
Check if this is final (termination) report and attach Notice o (You must continue to file reports until a Notice of Dis-	ii Dissolution Form DK-5. Q	vhich E Story	lection is held	
STATEMENT	OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (Thi by the committee. This amount MUST be the same a of the last reporting period, or must be zero if this is fire	s the cash on hand at the end		0.00	
ADD TOTAL MONEY TAKEN IN THIS PERIOD			3,545.00	
Schedule A: Cash Contributions total (Attach Schedu				
Schedule F: Loans Received total (Attach Schedule F			$\frac{0.00}{0.00}$	
Schedule H: Total Sales of Campaign Property (Attac			0.00	
(Schedule H applies to Candidates' Comm	nittees Only) SUB-TOTA	L	3,545.00	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			2,178.50	
Schedule B: Expenditures total (Attach Schedule B) (-	0.00	
Sabadula E. Laan Danaymenta total (Attach Cahadul	e F)			
			1,366.50	
CASH ON HAND at the end of this reporting period (if final reporting period			\$	
be zero) (Attach DR-3) *UNPAID BILLS (From Schedule D - Attach Schedule D)			700.00	
*UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E - Attac	dule E)		700.00 44.00	
*UNPAID BILLS (From Schedule D - Attach Schedule D) IN KIND CONTRIBUTIONS (From Schedule F - Attach Schedule T)	dule E)		700.00 44.00	
CASH ON HAND at the end of this reporting period (if final repo	dule E)		5 700.00 44.00 0.00	